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Bib Data Sheet

CONFIRMATION NO. 4863

<b>SERIAL NUMBER</b> 09/932,371	<b>FILING DATE</b> 08/17/2001 <b>RULE</b>	<b>CLASS</b> 706	<b>GROUP ART UNIT</b> 2122	<b>ATTORNEY DOCKET NO.</b> 11323.0007	
<b>APPLICANTS</b> Thomas Mazzone, Cowlesville, NY; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/279,870 03/29/2001 <i>AM.B.</i> AND CLAIMS BENEFIT OF 60/226,401 08/18/2000 <b>** FOREIGN APPLICATIONS *****</b> <i>AM.B.</i> NONE <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> ** 09/20/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>2/4/04</i> <i>AM.B.</i> Verified and <i>AM.B.</i> Acknowledged <i>AM.B.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> R. Kent Roberts Hodgson Russ LLP Suite 2000 One M&T Plaza Buffalo, NY 14203-2391					
<b>TITLE</b> Medical information system, method and article of manufacture					
<b>FILING FEE RECEIVED</b> 763	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				
<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit					

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